

DISTRICT OF W

## ATTORNEY REGISTRATION FORM for the ELECTRONIC CASE FILING SYSTEM

Last Name:  Last Four Digits of Social Security Number:		First:	Middle:		
			te:		
Fir	m Name:				
Str	eet Address 1:				
A	ddress Line 2:				
City:		State:		Zip:	
Tele	ephone Number				
E-mail			Secondary e-mail		
Doe	s your e-mail software support HTML messa	ges?	Yes	No	
By su	bmitting this registration form, the undersigned un	derstands and	agrees to the following:		
1.	The CM/ECF system is to be used for filing and reviewing electronic documents, docket sheets, and notices.				
2.	The password issued to you by the court, combined with your login, serves as your signature under Federal Rule of Civil Procedure 11. Therefore, you are responsible for protecting and securing this password against unauthorized use.				
3.	If you have any reason to suspect that your password has been compromised in any way, you are responsible for immediately notifying the court. Members of the court's systems staff will assess the risk and advise you accordingly.				
4.	By signing this Registration Form, you consent to receive notice electronically, and to waive your right to receive notice by personal service or first class mail pursuant to Federal Rule of Civil Procedure 5(b)(2)(D), except with regard to service of a complaint and summons. This provision <i>does</i> include electronic notice of the entry of an order or judgment.				
5.	You will continue to access court information via the Warecords (PACER) system. You will continue to need a Payeb site: <a href="http://pacer.psc.uscourts.gov">http://pacer.psc.uscourts.gov</a> .				
6.	By this registration, the undersigned agrees to abide by developed by the Clerk's Office, and any changes or ad		•		
	s/				
	Sign	ature		Date	

Print these forms . Then scan them separately as two PDF files.

Electronically file the Application for Leave to Appear Pro Hac Vice with the Attorney Registration Form as an attachment.

Pay the \$75 fee online with a credit card during the filing event.